



ANMF (Vic Branch) position statement

Prioritising person-centred care

Priority setting is an important skill in nursing¹ / midwifery work. It is fundamental that nurses, midwives and carers are supported in their workplace to provide high quality and evidenced based care.

Prioritising assessed care needs is critical to achieving goals of care. Priority setting is the ordering of interventions and / or planned activities to match the assessed clinical and therapeutic care needs of people at the point of care. Nurses, midwives and carers establish a preferential order for prioritising nursing / midwifery actions, that is based on an individual assessment of those in their care.

Nurses, midwives and carers reprioritise care by applying notions of urgency and / or importance, in order to establish a preferential order, for care delivery or care delegation¹, based on patient acuity, when rationing of time is critical. During a person's care continuum, nurses, midwives and carers may experience demands on their time and workload schedule which exceed the time available within various models of care, to provide all elements of assessed and planned care. Therefore, in a clinical practice context, care prioritisation is critical.

As nursing / midwifery practice has advanced over time, so too has nursing and midwifery knowledge, skills and competence. Some activities that were historically linked into nursing and midwifery practice, are no longer considered part to be nursing and midwifery contemporary practice. Nurses and midwives also practice in a variety of clinical settings and are employed in differing roles which influences care prioritisation and decision making.

Contemporary nursing and midwifery practice may involve activities which are not be considered high priority care, by the care provider, or may ordinarily fall outside the role of a registered or enrolled nurse, midwife or the responsibilities of direct carers. Such activities should therefore be provided by another non-clinical worker.

Activities identified as non-essential nursing / midwifery duties are simply identified as those that were not included in the formal undergraduate educational preparation of nurses, midwives or direct care workers; and which are not necessary for the provision of safe nursing or midwifery care. In the past, nurses, midwives and carers have undertaken tasks termed as 'non-nursing / midwifery duties'. Such activities are better delegated to, and performed by, someone other than a nurse, midwife or direct carer worker.

The ANMF (Vic Branch) adopts the position that:

1. Priority of person-centred care is an approach that involves aligning the assessed care needs of each care recipient, and balancing workload through organisation, delegation, strategic planning, and problem solving.

¹ Nursing and Midwifery Board of Australia, 2020: Decision Making Framework for Nursing and Midwifery. Available at: <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/frameworks.aspx>

2. Decision making is central to professional nursing / midwifery practice and has vital links to patient satisfaction and optimal care outcomes.
3. The care staff skill mix should be planned and allocated in accordance with the assessed care needs of care recipients, relevant legislation and / or enterprise agreements; to achieve balance in workload management and to facilitate care prioritisation.
4. Resource constraints and time available to initiate, complete and evaluate nursing or midwifery care are factored in the immediate context of care prioritisation.
5. The ANMF (Vic Branch) consider the following activities do not take precedence over priority nursing / midwifery care:

Housekeeping and cleaning

- a. General cleaning including housekeeping (washing and ironing of clothes, cleaning of furniture and equipment, sweeping, mopping of floors).
- b. Spot cleaning (cleaning of a non-routine nature however if patient safety is compromised then any staff member should have responsibility to ensure a safe environment is maintained).
- c. Terminal cleaning of patient care areas.
- d. Terminal bed making.

Food service

- a. Food plating, dishwashing, preparation and delivery of meals and refreshments.

Messenger and transport

- a. Transfer of patients that do not require nursing/midwifery surveillance.
- b. Courier services.

Supply and stocktake

- a. Restocking of non-essential supplies and ward equipment.

Clerical duties

- a. Clerical functions including general filing, maintenance of patient records outside of nursing documentation.
 - b. General phone enquiries (this does not include those calls required for patient updates or linked to patient care).
6. Any proposal by a health service to alter the duties of the nurses, midwives or carers must be considered within an organisational Change Impact Statement process, involving parties connected to relevant industrial instruments, in order to assess the potential impact on care provision.
 7. In any circumstance where a nurse, midwife or carer considers the requirement to undertake duties that are not considered an immediate priority and/or will have a detrimental effect on their ability to provide safe quality care they have an obligation to raise such concern with management in the first instance.

If resolution to the issue is not achieved, then members should contact the ANMF for assistance

ⁱ Nursing work incorporates delegated activities to care workers in some work settings.